

# Democratic Precinct Board Form – 2015 Municipal Election

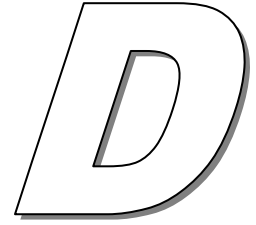
Submit to Marion County Democratic Party

155 E. Market St., Suite 400

Indianapolis, IN 46204

Phone: (317) 637-3366

Use this form to nominate your precinct election board members for the Nov 3 2015 Municipal Election. *Please submit by October 1<sup>st</sup> 2015.*



**Reminders:** Each person you nominate must:

- Be a registered voter in MARION County
- Give their name (no nicknames) and address as it appears at Voter Registration
- Show a Democratic vote in the most recent primary if they have voted in a Primary Election
- Cast an absentee vote if they are serving in a precinct other than the one where they reside
- May not be related to a candidate on the precinct's ballot

**Township:** \_\_\_\_\_

**Ward:** \_\_\_\_\_

**Precinct:** \_\_\_\_\_

**INSPECTOR:** Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Recently Moved or Changed Name? **YES NO**

**If YES,** please give former name and/or address: \_\_\_\_\_

**JUDGE:** Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Recently Moved or Changed Name? **YES NO**

**If YES,** please give former name and/or address: \_\_\_\_\_

**CLERK:** Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Recently Moved or Changed Name? **YES NO**

**If YES,** please give former name and/or address: \_\_\_\_\_

# Democratic Precinct Board Form – 2015 Municipal Election (page 2)

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## 2<sup>nd</sup> SHIFT POSITIONS

**JUDGE:** Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Recently Moved or Changed Name? YES NO  
If YES, please give former name and/or address: \_\_\_\_\_

**CLERK:** Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Recently Moved or Changed Name? YES NO  
If YES, please give former name and/or address: \_\_\_\_\_

*Please submit by October 1<sup>st</sup>, 2015. If you can't make this deadline, notify Democratic Headquarters or the Election Board*

**Submitted Date:** \_\_\_\_\_

**Precinct Committeeman:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Ward Chairman:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_